



December 23, 2003

You are invited to review and respond to this Request for Proposal (RFP) entitled,

**Informing Materials  
03-73273-000**

In submitting your proposal, you must comply with these instructions:

Each bidder must submit a Letter of Intent to the State Department of Mental Health (DMH) no later than 4:00 pm on January 12, 2004. The Letter of Intent must be submitted via the United States mail, hand-delivered, or by facsimile (fax) to:

Rita McCabe-Hax, LCSW  
Chief, Medi-Cal Policy and Support Section  
Systems of Care  
Department of Mental Health  
1600 9<sup>th</sup> Street, Room 100  
Sacramento, CA 95814  
(916) 654-5722  
Fax: (916) 654-5591  
[rmccabe@dmhhq.state.ca.us](mailto:rmccabe@dmhhq.state.ca.us)

In the opinion of DMH, this RFP is complete and without need of explanation. However, if you have questions, or should you need any clarifying information, please contact Rita McCabe-Hax, the designated contact person for this RFP.

Note that all agreements entered into with the State of California will include by reference General Terms and Conditions and Contractor Certification Clauses that may be viewed and downloaded at Internet site: [www.ols.dgs.ca.gov/standard+language](http://www.ols.dgs.ca.gov/standard+language). If you do not have Internet access, the contact person for this RFP will provide a hard copy.

Please note that no *verbal* information given will be binding upon the State unless such information is subsequently issued in writing as an official addendum.

WILLIAM A. AVRITT, Deputy Director  
Administrative Services

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## **I. INTRODUCTION**

### **A. PURPOSE**

Medicaid is a joint Federal and State health care program for eligible low-income individuals. States have some flexibility in how they administer their Medicaid programs and programs vary from state to state. Each state's Medicaid program is described in detail in its state plan and waiver programs as approved by the Centers for Medicare and Medicaid Services (CMS). California's Medicaid program, Medi-Cal, is administered by the California Department of Health Services (DHS). The Medi-Cal managed mental health care program is administered by the Department of Mental Health (DMH) via an Interagency Agreement with DHS and waivers approved by CMS under Section 1915(b) of the Social Security Act.

DMH has been expanding its commitment to the planned provision of specialty mental health care in a managed care model of service delivery for Medi-Cal beneficiaries since 1995. Under the current waiver program, the design of the California Medi-Cal mental health system includes a statewide implementation of a single managed mental health care plan in each county. Each county mental health department serves as the mental health plan (MHP). The MHPs are responsible for providing an array of services in accordance with the contract between the DMH and the MHPs, Title 9 of the California Code of Regulations (CCR), and Title 42 of the Code of Federal Regulations (CFR).

On June 14, 2002, CMS published new Medicaid Managed Care (MMC) rules (Federal Registry Vol. 67, No. 115). CMS established August 13, 2003 as the date on which the MMC rules were to be fully implemented. Under the final MMC rules, the MHPs are considered Prepaid Inpatient Health Plans (PIHPs) and are required to comply with new regulations including the requirements at Title 42, CFR, Section 438.10 which establish specific requirements for the type, content and distribution of informing materials. DMH, in its role as administrator of the Medi-Cal mental health managed care program for the State, is also required to comply with new obligations of the State under the new MMC rules.

DMH is soliciting proposals to select a firm or individual with expertise in health care, Medicaid mental health, public relations, publishing, marketing, advertising, and/or graphic design to work in collaboration with DMH, MHPs, client and family members, the California Mental Health Directors Association (CMHDA), the Cultural Competency Advisory Committee (CCAC) and other stakeholders in developing the required Medi-Cal managed mental health care informing materials (hereafter known as "informing materials") including brochures, provider directories, and an annual notice that incorporate the requirements specified in the contract between the DMH and the MHPs, related sections of Title 9, CCR, and the new requirements at Title 42, CFR, Section 438.10.

The successful bidder is expected to translate the informing materials into the threshold languages identified by DMH (there are approximately 13 threshold languages identified by DHS), to produce the informing materials in alternative formats and to field-test the informing materials to ensure that these are produced in a manner and format that is easily understood by the Medi-Cal beneficiaries.

DMH intends to make a single contract award to the most qualified firm or individual whose proposal demonstrates creative ideas and organizational skills that earn the highest score among evaluated bidders who have achieved at least the minimum set score. If the bidder intends to subcontract the provisions stated in this RFP, the bidder must identify the proposed subcontractors during the proposal process or describe the procedures the Contractor plans to utilize in identifying a subcontractor that ensure the appropriate level of expertise is available to successfully complete the subcontracted activities. It is understood that the cost for subcontracting for the services stated in this RFP is part of the all-inclusive cost of the contract.

This solicitation is open to all eligible firms and/or individuals that meet the qualification requirements, including commercial businesses, nonprofit organizations, State or public universities (including auxiliary organizations) and other entities.

## **B. BACKGROUND**

In 1957, California passed legislation creating the Short-Doyle Program, which required counties to ensure delivery of mental health services utilizing a system of county operated and contract providers. In 1965 the United States Congress passed Title XVIII of the Social Security Act (Act), which established the Medicare program for some disabled individuals and persons 65 years of age and over, and Title XIX of the Act, which established the Medicaid program to provide federal matching funds to states that implemented a comprehensive health care system for the poor under the administration of a single state agency. In 1966, California implemented the Medi-Cal program as California's Title XIX Medicaid program. Mental health services covered by the Medi-Cal program included psychiatric inpatient hospital services, limited nursing facility care and professional services provided by psychiatrists and psychologists. Services were provided under a fee-for-service reimbursement arrangement with rates set by DHS. This system came to be known as Fee-for-Service/Medi-Cal (FFS/MC).

In 1971, California added Short-Doyle Program community mental health services into the scope of benefits of the Medi-Cal program in an arrangement that enabled counties to obtain federal matching funds for the costs of providing Short-Doyle Program community mental health services to persons eligible for Medi-Cal. These Short-Doyle/Medi-Cal (SD/MC) services consisted of psychiatric inpatient hospital services delivered in county hospitals and individual, group or family therapy and day treatment delivered in outpatient or clinic settings under the direction of a physician. Targeted case management was added to the service array in 1988. In 1993, SD/MC services were reconfigured as the Rehabilitation Option. The Rehabilitation Option provided

more flexibility to counties in designing Medi-Cal services to meet the needs of individual clients, broadened the range of personnel who could provide services to include non-licensed staff and service direction by physicians and other licensed mental health professionals, and allowed services to be provided in the community as well as in traditional outpatient and clinic settings.

Prior to the advent of Managed Care, California's Medi-Cal program, Medi-Cal beneficiaries received mental health services through two mental health delivery systems, the FFS/MC program and the county-based SD/MC system.

### **Consolidation and Managed Care**

In the early 1990's, the State initiated an aggressive expansion in the use of managed care in health services delivery to the Medi-Cal population. One of the driving forces of the expansion was the need for a system that would integrate and coordinate care. In the mental health arena, this naturally led to a plan to consolidate the two Medi-Cal funding streams for mental health services. Implementing managed care was also designed to provide a cost containment strategy that would allow a prudent purchaser of services to obtain maximum benefit for its expenditures and would allow for increased access to specialty mental health services within the same level of funding. Consolidating the two mental health funding streams would help achieve this by improving care coordination and reducing administrative costs. In addition, consolidating services would help assure consistent statewide access to persons receiving specialty mental health services. Access to services was a critical concern for the federal CMS (formerly the Health Care Financing Administration (HCFA)) in evaluating the State's plans for delivery of managed health care for the Medi-Cal population.

Since research demonstrated that a single integrated system of care is critical for successful treatment of persistent mental illness and emotional disturbance and that the needs of persons with mental illness do not always receive adequate attention in a managed care system that provides both physical and mental health coverage, the State decided to carve out specialty mental health services from the physical health care Medi-Cal managed care program.

The decision to provide specialty mental services in California through a single plan in each county logically followed the decision to carve out specialty mental health services and to consolidate the two mental health delivery systems. This decision necessitated "freedom of choice" waivers from CMS under Section 1915(b) of the Social Security Act. The waivers allowed California to have a model in which beneficiaries in need of specialty mental health services receive specialty mental health services from a single mental health plan (MHP) in their county.

The selection of county mental health departments to be the MHPs for consolidated specialty mental health services was a natural outgrowth of the extensive experience counties have had in serving the mental health needs of communities. County mental

health departments were given the “first right of refusal” in choosing to be the MHP for the county. All counties elected to participate as MHPs. Two MHPs involve partnerships between two separate counties.

The Medi-Cal Specialty Mental Health Services Consolidation waiver program began in January 1995 with most county mental health departments taking on responsibility for authorization and payment of both FFS/MC and SD/MC psychiatric inpatient hospital services for beneficiaries in the county. Three counties field-tested slightly different models (see the discussion of field tests below). Between November 1997 and July 1998, county mental health departments serving as MHPs assumed responsibility for FFS/MC specialty mental health professional services in addition to their responsibility for SD/MC rehabilitative mental health and targeted case management services. This program operates under a federal freedom of choice waiver originally approved in 1995 and renewed in 1997, 2000 and 2003. The program is currently approved to continue operating through 2005.

Under this waiver program, each MHP contracts with DMH to provide medically necessary specialty mental health services to the beneficiaries of the county and is governed by state regulations in Title 9, CCR, Division 1, Chapter 11. MHPs select and credential their provider network, negotiate rates, authorize services and provide payment for services rendered by specialty mental health providers in accordance with statewide criteria. Medi-Cal beneficiaries must receive Medi-Cal reimbursed specialty mental health services through the MHPs.

MHP coverage of specialty mental health services requires that several criteria be met. The beneficiary must meet the medical necessity criteria for specialty mental health services, which consists of a clearly identified set of diagnoses, functional impairment, and intervention criteria. The services must be delivered by or under the direction of specialists in the mental health field, for example, psychiatrists, psychologists, licensed clinical social workers, or marriage and family therapists. The service must also be a mental health service, for example, medication management of psychotropic medications, individual therapy, or psychological testing. A distinction is made between specialty mental health care (specialized needs requiring the services of a specialist in mental health) and general mental health care needs (needs that could be met by a general health care practitioner or a physical health care specialist, such as a neurologist). General mental health care needs for Medi-Cal beneficiaries remain under the purview of DHS either through their managed care plans or through the FFS/MC system.

MHPs receive a fixed annual allocation of state general funds (SGFs) based on the historical cost of services formerly provided through the FFS/MC system. MHPs receive uncapped SGFs for services provided to Medi-Cal beneficiaries under 21 for specialty mental health services other than psychiatric inpatient hospital services above their baseline expenditure level from fiscal year 1994/95. The remaining state matching funds for Medi-Cal services come from realignment funds, which have funded SD/MC services since 1991, and other county funds at the discretion of the MHP. Realignment

funds made up of revenues from sales tax and vehicle licensure fees, which are collected by the State and transferred to each county under a statutory formula.

### **Field Tests**

In addition to the Medi-Cal Specialty Mental Health Services Consolidation waiver program, the State established three mental health managed care field tests, two of which are currently operating. A field test in Santa Barbara County focused on issues of coordination between primary and specialty mental health services providers. No federal waiver was required for this field test. The field test was ended in April 1997, when the Santa Barbara MHP became part of the Medi-Cal Specialty Mental Health Services Consolidation waiver program.

A field test in San Mateo County covered both psychiatric inpatient hospital and outpatient Medi-Cal specialty mental health services in 1995, when other MHPs covered psychiatric inpatient hospital services only. The findings from the San Mateo field test were incorporated into the plan for full statewide consolidation. In fiscal year 1998/99, the San Mateo County MHP began field testing management of financial risk of federal reimbursement based on case rates (other MHPs have no financial risk for federal financial participation) and authorization and payment for psychiatric pharmacy and related laboratory services under a risk corridor arrangement with the State. This field test continues under a separate federal waiver administered by DMH.

Beginning in 1994, a field test in Solano County involved the Solano County Mental Health Department operating as a capitated subcontractor of the Partnership Health Plan of California, the DHS Medi-Cal managed care plan in Solano County, for all specialty mental health services that were previously provided under FFS/MC. The Solano County field test continues as part of the federal county organized health system waiver administered by DHS.

Under the new MMC regulations, San Mateo and Solano are also considered PIHPs and are required to comply with the final MMC regulations that apply to PIHPs.

One of the requirements of the new MMC regulations is the development and distribution of highly detailed and technical informing materials.

## **II. MINIMUM QUALIFICATIONS FOR BIDDERS**

### **A. THE BIDDERS MUST HAVE AT A MINIMUM:**

1. Two years experience working in health care, Medicaid mental health, public relations, marketing, advertising, and/or graphic design.
2. Experience working with the California Medi-Cal program is preferred but not required.

3. Demonstrated experience in the development of informational products, outreach publications, descriptive materials and/or marketing materials for public health and/or mental health entities.
4. Demonstrated experience working with the health insurance, healthcare and/or health and human services professions.
5. Demonstrated experience collaborating with stakeholders or other interested parties in the completion of a project.
6. Physical, technological and financial resources to produce the informing materials.

### **III. PROPOSAL REQUIRED ACTIVITIES AND INFORMATION**

#### **A. CONTRACT TERM**

The maximum contract amount is \$600,000 for a period of three years and is subject to the availability of funds. The first contract year begins March 24, 2004 and expires June 30, 2004. The maximum amount for deliverables authorized by DMH under the first contract year is \$500,000. The second contract year begins July 1, 2004 through June 30, 2005 and, the third contract year begins July 1, 2005 through June 30, 2006. The maximum amount for deliverables authorized by DMH under the second and third contract years is \$50,000 respectively. The term of the contract may change if DMH makes an award earlier than expected or if DMH cannot execute the contract in a timely manner due to unforeseen delays.

The resulting contract shall be of no force or effect until it is signed by both parties and approved by the California Department of General Services (DGS). Due to the State's current contracting freeze, this contract must also be pre-approved by the California Department of Finance. The bidders are advised not to commence performance until all approvals have been obtained. Services rendered prior to an approved contract will not be reimbursed. DMH reserves the right not to award an agreement.

#### **B. TIME SCHEDULE**

Note: This time schedule is contingent upon a number of factors, including the availability of funds. Should any significant date be modified, DMH will notify bidders.

<b>1. RFP Available To Prospective Bidders</b>	12/23/03
<b>2. Data Library Opens</b>	12/23/03

<b>3. Bidder Questions Due</b>	1/05/04	4:00 pm
<b>4. Voluntary Pre-Proposal Conference</b>	1/09/04	3:30 pm
<b>5. Letters Of Intent Must Be Received By DMH</b>	1/12/04	4:00 pm
<b>6. Bid Proposals Must Be Received By DMH</b>	2/06/04	4:00 pm
<b>7. Evaluations Of Proposals</b>	2/12/04	
<b>8. Posting Notice Of Intent To Award</b>	2/22/04	
<b>9. Last Day To Protest The Award</b>	3/1/04	
<b>10. Award To Successful Bidder</b>	3/17/04	
<b>11. Contract Start Date</b>	3/24/04	

### **C. VOLUNTARY PRE-PROPOSAL CONFERENCE**

DMH will conduct a voluntary Pre-Proposal Conference in Sacramento, California on January 9, 2004 from 3:30 pm to 5:00 pm at the following location:

Department of Mental Health  
Bateson Building  
1600 9<sup>th</sup> Street, Conference Room 100  
Sacramento, California

Prospective bidders that intend to submit a proposal are encouraged to attend the voluntary Pre-Proposal Conference. Any bidder wishing to attend is advised that the conference will start promptly at 3:30 pm. DMH reserves the right not to repeat information for participants that join the conference after it has begun. Bidders should allow extra time to find parking and to sign in with the Bateson Building security desk.

If a bidder is unable to attend the voluntary Pre-Proposal Conference, an authorized representative may attend on his/her behalf. The representative may only sign-in for one potential bidder.

### **1. Purpose of the Pre-Proposal Conference**

The purpose of the Pre-Proposal Conference is twofold: 1) To allow bidders to ask questions about the services sought, and to clarify RFP requirements and/or instructions; and 2) To share the answers to general questions and inquiries received before and during the conference.

*Please note that spontaneous verbal remarks provided in response to questions/inquiries during the conference are unofficial and are not binding on DMH unless later confirmed in writing.*

Bidders should carefully review this RFP before the conference date to familiarize themselves with the requirements. Prospective bidders are encouraged to have their copy of this RFP available for reference during the conference.

Refer to the RFP Part III, Section D, entitled, "Bidder Questions" for instructions on how to submit written questions and inquiries before the Pre-Proposal Conference date.

*No inference shall be drawn from any question that DMH does not respond to in writing.*

For bidders who need assistance resulting from a disabling condition, a reasonable accommodation to attend the Pre-Proposal Conference will be provided by DMH upon request. The bidder shall call Rita McCabe-Hax at (916) 654-5722, no later than the fifth working day prior to the scheduled date and time of the Pre-Proposal Conference to arrange for a reasonable accommodation.

### **D. BIDDER QUESTIONS**

Bidders should notify DMH immediately if basic clarification about the services being sought or questions about the RFP instructions or requirements are needed. Questions or inquiries must be submitted in writing to DMH no later than 4:00 pm on January 5, 2004, so answers can be prepared in advance.

Questions must be submitted in writing via United States (U.S.) mail, hand-delivered, e-mailed or faxed to:

Rita McCabe-Hax, LCSW  
Chief, Medi-Cal Policy and Support  
Department of Mental Health  
1600 9<sup>th</sup> Street, Room 100  
Sacramento, CA 95814  
Phone: (916) 654-5722  
Fax: (916) 654-5591  
[rmccabe@dmhhq.state.ca.us](mailto:rmccabe@dmhhq.state.ca.us)

Questions and inquiries must include the following:

1. Name of the organization submitting the question;
2. The name of a contact person along with the physical mailing address, telephone number and e-mail address;
3. A description of the subject or issue in question or discrepancy found;
4. RFP page number, section, or other information useful in identifying the specific problem or issue in question; and
5. The remedy sought, if applicable.

Bidders transmitting inquiries by fax are responsible for confirming the receipt of the faxed inquiries by the stated deadline. Bidders may call the DMH Medi-Cal Policy and Support Section at (916) 654-5722 to confirm faxed transmissions.

At its discretion, DMH reserves the right to contact an inquirer to seek clarification of any inquiry received. The level of detail DMH will provide in response is subject to the availability of DMH resources.

DMH is not responsible for bidders that fail to report a known or suspected problem with the RFP or fail to seek clarification and/or correction of the RFP.

## ***Bidder Caution***

*DMH internal processing of U.S. mail may add up to 48 hours to the delivery time. If the inquiries are mailed, the bidder should consider using certified, registered or express mail. **Request a return receipt confirming delivery date and time of delivery.** If the inquiries are hand-delivered, allow sufficient time to locate parking and allow for sign-in at the Bateson Building security desk.*

Because verbal inquiries are easily misinterpreted, bidders are highly encouraged to submit all inquiries in writing. Verbal questions will be taken prior to, and at the Pre-Proposal Conference. However, DMH reserves the right not to accept or respond to verbal inquiries that may lead to confusion or be deemed inappropriate for response.

*Please note that spontaneous verbal remarks provided in response to verbal inquiries are unofficial and are not binding on DMH unless later confirmed in writing.*

No inference shall be drawn from any question DMH does not respond to in writing.

## **E. MANDATORY LETTERS OF INTENT**

All bidders who intend to compete for the Informing Materials RFP Number 03-73273-000 contract must submit a signed Letter of Intent to DMH. The Letter of Intent must be received by DMH no later than 4:00 pm, January 12, 2004.

The Letter of Intent is a non-binding document and must include:

1. The name and physical address of the firm or individual intending to submit a proposal,
2. Name of the contact person, and
3. The phone number, and e-mail address of the contact person.

Letters of Intent not received by DMH by 4:00 pm on January 12, 2004 will result in an ineligibility to compete in the RFP process. The Letter of Intent must be submitted via U.S. mail, hand-delivered or faxed to:

Rita McCabe-Hax, LCSW  
Chief, Medi-Cal Policy and Support Section  
Systems of Care  
Department of Mental Health  
1600 9<sup>th</sup> Street, Room 100  
Sacramento, CA 95814  
(916) 654-5722  
Fax: (916) 654-5591  
[rmccabe@dmhhq.state.ca.us](mailto:rmccabe@dmhhq.state.ca.us)

DMH will provide automatic updates concerning the RFP only to prospective bidders' contact person who have submitted Letters of Intent.

Bidders transmitting a Letter of Intent by fax are responsible for confirming the receipt of the faxed Letter of Intent by the stated deadline. Bidders may call the DMH Medi-Cal Policy and Support Section at (916) 654-5722 to confirm faxed transmissions.

## ***Bidder Caution***

*DMH internal processing of U.S. mail may add up to 48 hours to the delivery time. If the Letter of Intent is mailed, the bidder should consider using certified, registered or express mail. **Request a return receipt confirming delivery date and time of delivery.** If the Letter of Intent is hand-delivered, allow sufficient time to locate parking and allow for sign-in at the Bateson Building security desk.*

Upon opening the proposals, all documents submitted in response to this RFP including Letters of Intent will become the property of the State of California, and will be regarded as public records under the California Public Records Act (Government Code Section 6250 et seq.) and subject to review by the public.

## **F. DATA LIBRARY**

A Data Library for the sole use of prospective bidders will be available from December 23, 2003 through February 5, 2004. The Data Library will be accessible by appointment on State working days Monday through Friday from 8:00 am to 12:00 pm and 1:00 pm to 4:00 pm. Access to the Data Library is restricted to bidders and/or his/her authorized representatives who have established an advance appointment through the process described below.

DMH will maintain the Data Library at:

Department of Mental Health  
Office of Medi-Cal Policy and Support  
Bateson Building  
1600 9<sup>th</sup> St. Room 100  
Sacramento, California

### **1. Appointment Process**

**Appointments to access the Data Library are required** and may be arranged by contacting DMH through one of the following methods:

#### **U.S. Mail or Overnight Express:**

##### **Library Appointment RFP 03-73277-000**

Department of Mental Health  
Medi-Cal Policy and Support Section  
Attn. Rene Dennis  
Bateson Building  
1600 9<sup>th</sup> St., Rm. 100  
Sacramento, CA 95814

#### **Fax:**

##### **Library Appointment RFP 03-73277-000**

Department of Mental Health  
Medi-Cal Policy and Support Section  
Attn. Rene Dennis  
Fax: (916) 654-5591

**Telephone:** DMH Medi-Cal Policy and Support at (916) 654-5722.

The appointment request should include the following information:

1. Name of prospective bidder;
2. Physical address;
3. Telephone and fax number;
4. Name of the contact person;
5. Phone number and email address of the contact person;
6. Name of person visiting Data Library;
7. Desired date of visit; and
8. Desired time of visit.

**PLEASE NOTE:**

Appointments to view the Data Library at the times and dates requested can be assumed to be approved unless DMH contacts the requestor and arranges another appointment time.

***Bidder Caution***

*DMH's internal processing of U.S. mail may add up 48 hours to the delivery time. If you mail your request for an appointment, consider using certified, registered or express mail. **Request a return receipt confirming the delivery date and the time of delivery.***

Bidders transmitting a request for an appointment by fax are responsible for confirming the receipt of the faxed request. Bidders may call the DMH Medi-Cal Policy and Support Section at (916) 654-5722 to confirm faxed transmissions.

**2. Data Library Contents**

The Data Library contains various documentation and information that prospective bidders may find beneficial in the preparation of their proposal responses.

- Centers for Medicare and Medicaid Services (CMS) *Federal Register* Notice on Managed Care, June 14, 2002.
- CMS *Federal Register* Notice on External Quality Review, January 24, 2003.
- Department of Finance, Independent Assessment of Waiver, May 2002.
- I.D.E.A. Consulting Independent Assessment of Waiver, August 1999.
- Report to the Legislature: Establishment of Quality Indicators for California's Mental Health System, March 2001
- California MHP Contract Boilerplate as of July 1, 2003.
- California Code of Regulations Title 9, Chapter 11.
- Requirements for MHP Cultural Competence Plans (Information Notices and Plan Update).

- Fiscal Year (FY) 2002/03 and FY 2003/04 DMH Compliance Division Medi-Cal Oversight Protocols for MHP On-Site Review.
- Map of California counties.
- Data on selected parameters of MHP operation – FY 1998/99 and FY 1999/2002.

Data Library material may be periodically updated and additional documents may be added. Bidders that have submitted a Letter of Intent or an appointment request will be automatically notified of any additions and/or changes by way of written notice.

### **3. Obtaining Copies of Library Materials**

Prospective bidders that wish to obtain reproduced copies of Data Library materials may do so by contacting Rene Dennis at (916) 654-5722. Bidders are encouraged to provide their own copying services when possible.

DMH will assess photocopying fees at a rate of ten cents per page, and/or any applicable fees to cover the cost of reproducing materials to other mediums unless supplied by the prospective bidder. A check or money order made payable to DMH will be required before materials can be released.

The Data Library is also available electronically and may be copied to a compact disk (CD) for bidder use. DMH strongly encourages prospective bidders to use this medium to obtain copies of Data Library documents. Please contact Rene Dennis at (916) 654-5722 for details on obtaining a CD copy of the Data Library materials

## **G. PROPOSAL RESPONSE REQUIREMENTS**

All proposals must be submitted to DMH no later than 4:00 pm on February 6, 2004. Proposals should provide straightforward and concise descriptions of the bidder's ability to satisfy the requirements of this RFP. The proposal must be complete and accurate. Omissions, inaccuracies or misstatements MAY be cause for rejection of a proposal.

### **1. Format**

The proposal shall be in ink or typewritten on white bond paper using 12-point font. Margins shall be at least one-half inch on all four sides. Paper size shall be standard letter, 8 ½ by 11 inches, and pages should be single-side copied. Bind each proposal set in a way that enables easy page removal. Loose leaf or three-ring binders are acceptable.

No erasures are permitted. Errors may be crossed out and corrections printed in ink or typewritten adjacent to the error. The person signing the proposal must initial the corrections in ink.

### **2. Content**

Proposals shall provide straightforward and concise descriptions of the bidder's ability to satisfy the requirements of the RFP. The proposal shall be complete and

accurate. Omissions, inaccuracies or misstatements may be sufficient cause for rejection of the proposal. DMH will determine the responsiveness of a proposal by its content, not its volume, packaging or colored displays. The following specifies the order and content of each proposal:

- a. Cover Page-** Only the person authorized to bind the bidder to the awarded agreement can sign the cover page.
- b. Table of Contents**
- c. Executive Summary**
- d. Minimum Qualifications**

This section must provide adequate detail and documentation for DMH to determine if the bidder meets the “Minimum Qualifications For Bidders” (hereafter, referred to as Minimum Qualifications) specified in Part II. The response shall cover all of the required areas of the Minimum Qualifications.

If, based on the information and documentation provided, DMH is not able to determine whether the bidder meets the Minimum Qualifications, the proposal will not be forwarded for further scoring and evaluation.

### **3. Agency Capability and Experience**

This section shall describe:

- a. The bidder’s general background, expertise and work experience with an emphasis on health care, Medicaid mental health, public relations, marketing, advertising, and/or graphic design; and
- b. Details of work experiences that qualify the bidder to undertake this project, with particular emphasis on areas of expertise itemized in the Minimum Qualifications in Part II. Emphasis should be given to experience based on work within the last two (2) years.

### **4. Understanding of and/or Experience with the California Medi-Cal System**

This section shall provide a thorough description of bidder’s knowledge of and experience with Medi-Cal, and/or Medi-Cal mental health or health care (preferred, not required).

### **5. Subcontracting**

If the bidder intends to subcontract the services stated in this RFP, the bidder must identify the proposed subcontractors in this section or describe the procedures the Contractor will utilize to ensure subcontractors possess sufficient expertise to accomplish the designated task(s). The Contractor shall be accountable for and oversee any function delegated to subcontractors.

The bidder must submit documents showing existing relationships or working agreements with service providers with whom the bidder intends to subcontract.

DMH will consider the prime contractor to be the sole point of contact with regard to this RFP. The successful Contractor shall not subcontract without the review and prior approval of DMH.

## **6. Project Personnel**

This section must describe the bidder's projected staffing plan including:

- a. Title and job description of all key personnel, including subcontractors;
- b. Percentage of the time each key personnel, including subcontractors, will spend on this project;
- c. Description of education, expertise, capabilities and credentials of key personnel, including subcontractors;
- d. Submission of a statement of qualifications, resume or curriculum vitae for all individuals who will work on the project. If the person who will serve as the primary contact for the Contractor has not been identified, include a job description for the position (Attachment 4); and
- e. Submission of letters of reference and a listing of previous agencies and/or organizations for which the bidder has performed similar duties as required by this RFP. Bidders must include Attachment 6, "Bidder References," to enable DMH to contact the listed agencies/organizations.

**NOTE: If the bidder makes changes in the key personnel identified in this RFP, bidder shall inform DMH. DMH reserves the right to approve or disapprove of changes in key personnel once the contract is awarded.**

## **7. Work Plan and Time Schedule Components** (include as part of Attachment 3)

This section must include the following components:

- a. *Timeline*: The timeline shall benchmark steps and actions toward completion. This section must provide a description on how the bidder intends to submit the final products to DMH by June 15, 2004, June 1, 2005, and June 1, 2006.
- b. *Overview*: The overview shall describe the overall approach and/or methods to be used to accomplish the Scope of Work described in Exhibit A (Part VI, Section A). In addition, this section must provide a description on how the bidder intends to:
  - i. Develop formats for the informing materials that incorporate the requirements specified in the contract between DMH and the MHPs, Title 9, CCR, and the new regulations specified in 42, CFR, Section 438.10;

- ii. Translate the informing materials into the threshold languages identified by DMH;
  - iii. Develop and design the informing materials in alternative formats that take into consideration the special needs of those who are limited English proficient or who are limited reading proficient;
  - iv. Field-test the informing materials to ensure they are easily understood by Medi-Cal beneficiaries.
- c. *Project Narrative:* The project narrative shall address each of the Activities in the Scope of Work (Part VI, Section A) for each year of the contract. These descriptions for each activity for each year shall include these three (3) items of critical information:
  - i. A description of the actions necessary for completion of each of the activities;
  - ii. A performance timeline for each activity; and
  - iii. Identification of the individual(s) who will have primary responsibility for each activity, and what qualifies this individual to oversee this aspect of the project.
- d. *Management Plan:* The management plan shall describe how and by whom (i.e., bidder's staff, subcontractors, and consultants) the activities will be coordinated, managed and monitored. If this will change over the term of the contract, the changes shall be identified and potential impacts on the bidder's ability to complete the Scope of Work shall be explained.
- e. *Accounting Procedures:* The accounting procedures shall describe the accounting processes that will be used to prepare, track and bill DMH for completed services. If this will change over the term of the contract, the changes shall be identified and potential impacts on the bidder's ability to complete the Scope of Work shall be explained.
- f. *Facilities and Resources:* This section shall describe the facilities, equipment, teleconferencing or telecommunications capabilities, computer hardware and software, and any other resources that relate to the bidder's ability to successfully complete the Scope of Work. If this will change over the term of the contract, these changes shall be identified and potential impacts on the bidder's ability to complete the Scope of Work shall be explained.
- g. *Client and Family Member and Other Stakeholder Involvement:* This section shall describe ways in which the bidder will:

- i. Obtain and integrate the expertise and opinions of clients and family members and other stakeholders in completing the activities required in the Scope of Work; and
- ii. Consult with the county MHPs to review existing materials and to obtain their input.

## **8. Financial Stability**

All bidders must submit evidence of financial stability and document sufficient financial resources necessary to perform all services associated with this RFP. This requirement may be fulfilled in one of the following ways:

1. Financial statements for each of the last three years audited by an independent third-party Certified Public Accountant. All noted audit exceptions must be explained.
2. If audited statements are not available, DMH will accept statements that have been reviewed by a Certified Public Accountant.
3. If neither audited nor reviewed financial statements are prepared, DMH will accept financial statements that have been compiled by the applicant's accounting firm.
4. If neither audited, reviewed, nor compiled statements are normally prepared by the agency, DMH will accept financial statements prepared by the applicant's internal accounting department.

These statements must be accompanied by a statement signed by the applicant's Chief Financial Officer, certifying that the financial statements are current, accurate, and complete.

Financial statements must include income statements and balance sheets. Financial statements must be completed based on final (not draft) reports and cannot be supported by unreasonably qualified statements. Also, include in this section a statement, signed by either an independent third-party Certified Public Accountant or the applicant's Chief Financial Officer that the applicant agency operated in accordance with Generally Accepted Accounting Principles (GAAP).

## **H. COST PROPOSAL (BUDGET DETAIL AND BUDGET NARRATIVE)**

The bidder must provide a cost proposal (budget detail breakdown and budget narrative). The cost proposal must take into consideration and must reflect the Scope

of Work addressed in Part VI, Section A, and the proposed Work Plan and Time Schedule components addressed in Part III, Section G.7.

The total costs of all completed activities and proposed drafts cannot exceed \$500,000 under the first year of the contract (March 24, 2004 through June 30, 2004) or \$50,000 during the second and third contract years (July 1, 2004 through June 30, 2005 and July 1, 2005 through June 30, 2006, respectively). Use the Sample Cost Proposal Worksheet (Attachment 5) as a guide in preparing the cost proposal.

Bidder should add supporting cost detail and budget narrative to assist evaluators to understand and assess the figures entered in the Worksheets and Cost Tables.

## **I. SUBMISSION OF THE PROPOSAL TO DMH**

All proposals must be submitted no later than 4:00 pm on February 6, 2004. Proposals and modifications, or corrections thereof, received by DMH after 4:00 pm, February 6, 2004 shall NOT be considered.

Costs incurred for developing proposals and in anticipation of award of the agreement are entirely the responsibility of the bidder and shall not be charged to the State of California. The proposal package should be prepared in the least expensive method.

DMH may modify the RFP prior to the date fixed for submission of proposals by the issuance of an addendum to contact persons of all the parties who submitted a Letter of Intent.

The State does not accept alternate contract language from a prospective contractor. A proposal with such language shall be considered a counter proposal and shall be rejected. The State's General Terms and Conditions (GTC) are not negotiable.

No oral understanding or agreement shall be binding on either party.

A bidder may modify a proposal after its submission by withdrawing its original proposal and resubmitting a new proposal prior to the proposal submission deadline as set forth in Part III, Section B, entitled, "Time Schedule." Proposal modifications offered in any other manner will not be considered.

A bidder may withdraw its proposal by submitting a written withdrawal request to DMH, signed by the bidder or an authorized agent. A bidder may thereafter submit a new proposal prior to the proposal submission deadline.

An individual who is authorized to bind the bidder contractually must sign Attachment 2, "Proposal/Bidder Certification Sheet." The signature must indicate the title or position that the individual holds with the bidder. An unsigned proposal may be rejected.

Assemble an original proposal package, seven (7) copies and a CD-R version of the proposal and attachments together and place in an envelope(s) or box(es). Place the original proposal package (marked "original") on top, followed by the seven extra copies and the CD-R copy. All documents contained in the original proposal package shall have original signatures of a person who is authorized to bind the bidder. All additional proposal packages may be photocopies of the original package.

The envelope(s) or box(es) shall be clearly marked with the following:

**Department of Mental Health  
Informing Materials  
RFP # 03-73273-000  
Bidder's Name  
DO NOT OPEN**

Label the CD-R Jewel Box as follows:

**Informing Materials  
RFP # 03-73273-000  
Bidder's Name**

Seal the envelope(s) or box(es). If more than one envelope or box is used, carefully label each as instructed above and mark on the outside of each envelope or box "1 of X", "2 of X", etc.

The bidder shall arrange for mail or hand delivery of the proposal to the following:

**Department of Mental Health  
Contracts Unit  
Bateson Building  
1600 Ninth Street, Room 150  
Sacramento, CA 95814  
Attention: Informing Materials  
RFP # 03-73273-000**

### ***Bidder Caution***

*DMH internal processing of U.S. mail may add up to 48 hours to the delivery time. If the proposal is mailed, the bidder should consider using certified, registered or express mail. **Request a return receipt confirming delivery date and time of delivery.** If the proposal is hand-delivered, allow sufficient time to locate parking and allow for sign-in at the Bateson Building security desk.*

If the proposal is made under a fictitious name or business title, the actual legal name of the bidder must be provided.

Proposals not submitted under sealed cover and marked as indicated may be rejected.

## **J. DISPOSITION OF PROPOSALS**

Upon opening the proposals, all documents submitted in response to this RFP will become the property of the State of California, and will be regarded as public records under the California Public Records Act (Government Code Section 6250 et seq.) and subject to review by the public.

Proposal packages may be returned only at the bidder's expense, unless such expense is waived by DMH.

## **K. REJECTION/DISQUALIFICATION**

Each proposal will be checked for the presence or absence of required information in conformance with the submission requirements of this RFP. The following shall cause the immediate disqualification of this RFP.

1. Letters of Intent NOT received by DMH by 4:00 pm on January 12, 2004 at the address listed below (under K.2.);
2. Bid proposals NOT received by DMH by 4:00 pm on February 6, 200 at:

Department of Mental Health  
Contracts Unit  
1600 9<sup>th</sup> Street, Room 150  
Sacramento, CA 95814  
Attention: Informing Materials RFP # 03-73273-000

3. Any proposal NOT clearly marked with the name and address of the submitting organization or individual and the project title;
4. Failure to submit all the attachments identified in Attachment 1. Proposals not including the proper "required attachments" shall be deemed non-responsive. A non-responsive proposal is one that does not meet the basic proposal requirements;
5. Non-compliance with RFP requirements specified in Part III, entitled, "Proposal Required Activities and Information;"
6. The State has cancelled a contract for cause with the bidder organization or individual within the last three years for negative reasons; and/or
7. Proposals that contain false or misleading statements, or which provide references, which do not support an attribute or condition claimed by the bidder, may be rejected.

In addition, a proposal may be rejected if it is conditional, is incomplete, or contains any alterations of form or other irregularities of sufficient magnitude or quantity to warrant a finding of being substantially non-compliant. Examples include any conditions or stipulations presented in the proposal by the bidder or the bidder's failure to include, or modification of, a required form such as the Proposal/Bidder Certification Sheet.

An immaterial defect is a flaw, incompleteness, defect or condition that is not of the type to warrant disqualification of the proposal. If, in the judgment of the Evaluation Committee, a proposal is found to contain a substantial number of such defects, the committee may declare the proposal to be substantially non-compliant and reject it. Examples include sending the incorrect number of proposals, utilizing a font other than requested or utilizing a script-style font that is difficult to read.

The State may accept or reject any proposals and may waive any immaterial defect in a proposal. The State's waiver of an immaterial defect shall in no way modify the proposal requirements or excuse the bidder from full contract compliance if awarded the contract.

## **L. PROPOSAL EVALUATION AND CONTRACT AWARD PROCESS**

The Informing Materials RFP Number 03-73273-000 will be evaluated in accordance with the Public Contract Code (PCC), Section 10344. The RFP will be scored and awarded in accordance with the secondary competitive bidding method established by the State Administrative Manual Chapter 1200, Section 5.25. The competitive bidding methods can be found at <http://www.ols.dgs.ca.gov/default.htm>. The secondary competitive bidding method requires that an Evaluation Committee evaluate the submitted proposals. The purpose for evaluating the proposals is to determine which proposals demonstrate the skills, expertise, and experience to perform the tasks specified in the RFP successfully.

The award is made to the proposal that earns the highest overall score in accordance with the criteria specified below and subject to the availability of funds. Each proposal will be scored based on the weight assigned to each subject area.

All bidders shall submit a cost proposal that includes a budget detail breakdown and a budget narrative. Each component of the cost proposal will NOT be scored separately. However, the cost will be adjusted for applicable small business preferences. In addition, this information will become a part of the contract document.

Following the posting of the Notice of Intent to Award, the DMH reserves the right to negotiate with the successful bidder any redistribution of costs within the budget deemed necessary by DMH in order to better achieve program goals. An unwillingness to negotiate shall be considered grounds for cessation of contract negotiation, which may result in bidder's loss of the contract award.

All proposals meeting the minimum qualifications and proposal requirements shall then be submitted to the Evaluation Committee composed of DMH staff and members of the Client and Family Member Task Force. The Evaluation Committee shall evaluate and score the proposals. In scoring a proposal, each evaluation section will be scored on the basis of completeness, responsiveness, clarity of presentation, and adequacy of the budget in accordance with the RFP requirements. The evaluation of the proposals will be weighed by the following criteria for up to 100 points:

**1. Bidder's Knowledge and Experience 25 points**

The bidder has:

- a. A minimum of two years experience working in health care, Medicaid mental health, public relations, marketing, advertising, and/or graphic design;
- b. Experience working with the Medi-Cal program (preferred but not required);
- c. Experience in the development of informational products, outreach publications, descriptive materials and/or marketing materials for public health and/or mental health entities;
- d. Experience working with the insurance, healthcare and/or human services professions;
- e. Experience collaborating with stakeholders or other interested parties in the completion of a project; and
- f. Physical, technological and financial resources to produce the informing materials.

**2. Bidder's Work Plan and Time Schedule Requirements 25 points**

The bidder is expected to submit a work plan with a time schedule for task completion. Bidders must identify each major task and necessary subtask, by which progress can be measured and payments made. At a minimum, the bidder must describe all components specified in Part III, Section G.7.

**3. Administration and Personnel 10 points**

In this section the bidder's will:

- a. Provide a description of the use of personnel, their functions, qualifications and recruitment plans is appropriate and responsive to the requirements as described in the RFP;
- b. Provide a description of the work to be completed by staff and staff qualifications are provided, including complete descriptions of any subcontracts, where applicable;

- c. Provides clear information on previous and current government funding and the services provided; and
- d. Provide adequate explanation of cessation of funding, if it occurred.

#### **4. Financial Stability 10 Points**

In this section, the bidder submits evidence of financial stability and document sufficient financial resources necessary to perform all services associated with this RFP. This requirement was fulfilled in one of the following ways:

- a. Financial statements for each of the last three years audited by an independent third-party Certified Public Accountant. All noted audit exceptions must be explained;
- b. If audited statements are not available, DMH will accept statements that have been reviewed by a Certified Public Accountant;
- c. If neither audited nor reviewed financial statements are prepared, DMH will accept financial statements that have been compiled by the applicant's accounting firm; or
- d. If neither audited, reviewed, nor compiled statements are normally prepared by the agency, DMH will accept financial statements prepared by the applicant's internal accounting department.

These statements must be accompanied by a statement signed by the applicant's Chief Financial Officer, certifying that the financial statements are current, accurate, and complete.

Financial statements must include income statements and balance sheets. Financial statements must be completed based on final (not draft) reports and cannot be supported by unreasonably qualified statements. Also, include in this section a statement, signed by either an independent third-party Certified Public Accountant or the applicant's Chief Financial Officer that the applicant agency operated in accordance with Generally Accepted Accounting Principles (GAAP).

#### **5. Cost Proposal (Budget Detail and Budget Narrative) 30 Points**

The bidder must provide a cost proposal that includes a budget detail breakdown, and budget narrative that cover the periods of the contract from March 24, 2004 through June 30, 2006.

The cost proposal identifies the all-inclusive cost of the project and must not exceed the terms of the contract specified in Part III, Section A. Any proposal exceeding these amounts will be rejected. Use the Sample Cost Proposal Worksheet (Attachment 5) as a guide in preparing the cost proposal.

The cost proposal (budget amounts and budget narrative) must take into consideration and must reflect the required Scope of Work, the proposed Work Plan, and Work Schedule components in Part III, Section G.7. The budget must be accompanied by a detailed narrative with the following categories:

**a. Project Personnel Expense**

List each position separately with its salary and percentage of time on this project. Indicate the benefits, if any, for each position.

**b. Operating Expenses**

List all expenses for occupancy, supplies, general office operations, telephone, postage, furniture and equipment, computer equipment and related items, and other items.

**c. Subcontract Expenses**

List the type and specify the costs for all subcontracted services the bidder intends to retain. For subcontractors, include any persons or firms performing contract services that are not on the bidder's payroll.

**MAXIMUM POINTS POSSIBLE: 100 POINTS**

**M. AWARD AND PROTEST**

The final selection will be based on the highest overall score that also meets the minimum score requirement of 75 points. If two or more bidders have the same score, the tie will be broken and the bidder will be selected by determining which bidder demonstrates the highest number of years of the knowledge and experience specified in Part II, "Minimum Qualifications" and Part III, Section L.1.

Prior to awarding the contract, DMH will post a Notice of Intent to Award in Room 101 of the Department of Mental Health, 1600 9<sup>th</sup> Street, Sacramento, CA and on the DMH's website at: [www.dmh.ca.gov](http://www.dmh.ca.gov) for a period of five (5) working days. All proposals and all evaluation and scoring sheets shall be available for public inspection following the posting of the Notice of Intent to Award (PCC 10345).

If any bidder, prior to the award, files a protest with DMH the contract shall not be awarded until either the protest has been withdrawn or DMH has decided the matter (PCC 10345 and Title 2, California Code of Regulations, Section 1195). It is suggested that you submit any protest by certified or registered mail. Protests must include a detailed statement specifying the ground for the protest.

Protest must be received at each of the addresses stated below no later than five (5) working days (postmarked date) after the "Notice of Intent to Award" has been posted:

**Department of General Services  
Office of Legal Services  
707 Third Street, 7<sup>th</sup> Floor  
West Sacramento, CA 95605**

**Department of Mental Health  
Contracts Unit  
1600 9<sup>th</sup> Street, Room 150  
Sacramento, CA 95814**

**The protest shall be limited to the following grounds:**

DMH failed to follow the procedures specified in the PCC, Section 10344(c).

DMH failed to apply the standard for reviewing the formal requirements or evaluating the proposals correctly as specified in the RFP.

DMH used the evaluation and selection procedure in PCC, Section 10344 (c), but is proposing to award the contract to a bidder other than the highest responsive bidder score

DMH used the evaluation and selection procedure in PCC, Section 10344 (c), but failed to follow the methods for evaluating and scoring the proposals specified in the RFP.

Upon resolution of the protest and award of the contract, Contractor must complete and submit to DMH the Payee Data Record (STD 204), to determine if the Contractor is subject to state income tax withholding pursuant to California Revenue and Taxation Code Sections 18662 and 26131. This form can be found on the Internet at [www.osp.dgs.ca.gov](http://www.osp.dgs.ca.gov) under the heading FORMS MANAGEMENT CENTER. It is also included as part of the RFP. No payment shall be made unless a completed STD 204 has been returned to the awarding agency.

Upon resolution of the protest and award of the contract, the Contractor must sign and submit to DMH, page one (1) of the Contractor Certification Clauses (CCC), which can be found on the Internet at [www.dgs.ca.gov/contracts](http://www.dgs.ca.gov/contracts). The CCC is also included as part of the RFP.

#### **IV. AGREEMENT EXECUTION AND PERFORMANCE**

Performance of this contract shall start on the express date set by the Contract Manager and the Contractor, after all approvals have been obtained and the contract is fully executed. There are no guarantees implied or expressed as to the actual number of days the Contractor will receive during the contract period. Should the Contractor fail to commence work at the agreed upon time, DMH, upon five (5) days written notice to the Contractor, reserves the right to terminate the contract. In addition, the Contractor shall be liable to the State for the difference between Contractor's Proposal price and the actual cost of performing work by another contractor.

All performance under this contract shall be completed on or before the termination date of the contract.

## **A. MANAGEMENT OF THE PROJECT**

### **1. Reproduction of Material**

DMH reserves the right to use and reproduce all reports and data produced and delivered pursuant to this contract and reserves the right to authorize others to use or reproduce such materials, provided the author of the reports is acknowledged in any such use of reproduction.

### **2. General Work Authorization, Work Authorization, and Task Assignments**

DMH and the Contractor shall develop a general work authorization, work authorizations, and task assignments based on the projects described in the RFP.

A general work authorization means a written instrument agreed to by the Contract Manager and the Contractor that (1) allows the Contractor to carry out preliminary work including reviewing, commenting on, scheduling and budgeting for proposed work authorizations prior to finalization and (2) allows DMH to authorize specific minor tasks that do not require a separate work authorization.

A work authorization means a written instrument describing a project assignment within the contract with a specific objective, schedule and budget that is agreed to in writing by the Contract Manager and the Contractor.

A task assignment means a written instrument issued to the Contractor by the Contract Manager authorizing work under the general work authorization.

### **3. Expediency**

When expedience is of the utmost importance, the Contract Manager may verbally authorize the Contractor to begin work on a project, following up with a written authorization. Each work authorization shall contain:

- a. A statement of the purpose objective or goal of the work authorization;
- b. A schedule displaying the dates when specific tasks will be completed and a description of all significant material (deliverables) to be developed and delivered by the Contractor to the Contract Manager;
- c. An identification of all materials to be furnished to the Contractor by the DMH;  
and
- d. A budget showing the maximum billable hours anticipated for completion of the work authorization consistent with the invoicing requirements reflected below (4).

DMH will provide the Contractor with technical assistance as necessary.

DMH reserves the right to require the Contractor, upon one day written notice from the Contract Manager, to stop or suspend work on any work authorization or task assignment.

The actual costs of a completed work authorization or task assignment shall not exceed the authorized amount unless, in the performance of the work, the Contractor determines that the actual costs will exceed the estimated costs. In that event, the Contractor shall immediately notify the Contract Manager.

Upon such notification, the Contract Manager may:

- a. Alter the scope of the work authorization or task assignment to accomplish the work within estimated costs;
- b. Augment the work authorization budget;
- c. Authorize the Contractor to complete the task assignment for the actual costs; or
- d. Terminate the work authorization or task assignment.

#### **4. Invoicing Requirements**

Invoices shall be submitted for each project and must include the time period covered, the hours worked identified by individual Contractor, the hourly rates, per diem and travel expenses by individual with related documentation, a description of the work performed, the contract number and an original signature. Invoices shall be submitted to the Contract Manager at: Department of Mental Health, 1600 9<sup>th</sup> Street, Room 100, Sacramento, CA, 95814. The duties performed under this RFP shall not include information technology consulting services, the design and development of electronic data processing systems, or software design.

#### **5. Travel to Multiple Locations**

Contractor will be working in collaboration with multiple stakeholders and will attend planning meetings conducted by DMH and other appropriate agencies and stakeholder groups as directed by DMH. Reimbursement for travel and per diem must not exceed amounts paid to the State's non-represented employees. Travel and per diem expenses must be pre-authorized, and will only include expenses to sites that are located in California

## **V. PREFERENCE PROGRAMS**

### **A. SMALL BUSINESS PREFERENCE**

Bidders that are certified as small business in California are encouraged to apply. Information on how to become certified as small business, please visit: [www.pd.dgs.ca.gov](http://www.pd.dgs.ca.gov). For the purposes of this RFP, all proposes must submit a completed form number MH 1157, "Small Business Identification Questionnaire." (Attachment 6).

## **VI. EXHIBITS**

### **A. EXHIBIT A: "SCOPE OF WORK"**

#### **1. General Description**

The contractor will:

- a. Work in collaboration with DMH, the MHPs, client and family members, CMHDA, the Cultural Competency Advisory Committee and other stakeholders in developing the initial and annual updates of the informing materials including brochures, provider directories and annual notifications specific to each of the 55 MHPs that incorporate the requirements specified in the contract between DMH and the MHPs, Title 9, CCR, Sections 1810.360 and 1850.205, and the new requirements at Title 42, CFR, Section 438.10;
- b. Produce the informing materials in alternative formats in an appropriate manner that takes into consideration the special needs of those who, for example, are visually limited or have limited reading proficiency;
- c. Translate the informing materials into the threshold languages identified by DMH;
- d. Field-test the informing materials to ensure they are produced in a manner and format that is easily understood by Medi-Cal beneficiaries; and
- e. Coordinate with the MHPs to identify information specific to each MHP, including developing a format that the MHPs can use to submit their program description, provider information and other updates to DMH.

#### **2. First Contract Year**

During the first contract year, the Contractor will provide DMH with proposed draft deliverables (referred herein to as products) for DMH review and approval on time frames as directed by DMH and with final products for DMH review and approval no later than June 15, 2004.

The final product to be completed under the first contract year starting March 24, 2004 and expiring June 30, 2004 must include:

- a. Informing materials including brochures, provider lists and an annual notice with

MHP specific information and that incorporate the requirements as specified in the contract between DMH and the MHPs, Title 9, CCR Sections 1810.360 and 1850.205, and the new requirements at Title 42, CFR, Section 438.10;

- b. Informing materials that have been translated into the threshold languages identified by DMH;
- c. Informing materials that have been produced in alternative formats and in a manner that takes into consideration the special needs of those who, for example, are visually limited or have limited reading proficiency; and
- d. Informing materials that have been field-tested in order to ensure that the design, format (including alternative formats) and content of the informing materials are written and presented in a manner is easily understood by the Medi-Cal beneficiaries.

### **3. Second and Third Contract Years**

The second and third contract years, which cover the period beginning July 1, 2004 and expiring June 30, 2005 and beginning July 1, 2005 and expiring June 30, 2006, the Contractor will:

- a. Collaborate with DMH, MHPs, client and family members, CMHDA, the Cultural Competency Advisory Committee and other stakeholders in reviewing, evaluating and annually updating the informing materials; and
- b. Complete and submit updated informing materials to DMH by June 1, 2005 and June 1, 2006.

## **B. EXHIBIT B: REQUIRED ATTACHMENTS**

### **ATTACHMENT I**

#### **REQUIRED ATTACHMENT CHECK LIST**

A complete proposal or proposal package will consist of the items identified below. Complete this checklist to confirm the items in your proposal. Place a check mark or "X" next to each item that you are submitting to the State.

For your proposal to be responsive, all required attachments must be returned with your proposal. If applicable, required forms and instructions are provided for the attachments. Bidders have discretion to choose the format for Attachments 3, 4, 5, 8, 9, 10 and 11. Attachments 12 and 13 are not required with the proposal, but will be upon award of the contract, if currently not on file. This checklist must be returned with your proposal package.

<u>Attachment</u>	<u>Attachment Name/Description</u>
_____ Attachment 1	Required Attachment Check List
_____ Attachment 2	Proposal/Bidder Certification Sheet
_____ Attachment 3	Proposal Response/Work Plan (refer to Part III, Section G)
_____ Attachment 4	Statement of Qualifications, resume or curriculum vitae for all individuals who will work on the project. If the person who will serve as the primary contact for the Contractor has not been identified, include a job description for the position.
_____ Attachment 5	Cost Proposal (Budget Detail and Budget Narrative)
_____ Attachment 6	Bidder References
_____ Attachment 7	Small Business Identification Questionnaire
_____ Attachment 8	Documents showing existing relationships or working agreements with service providers with whom the applicant intends to subcontract
_____ Attachment 9	Sample of work from a similar project.
_____ Attachment 10	Evidence of financial stability and document sufficient financial resources necessary to perform all services associated with this contract.
_____ Attachment 11	Identify for the applicant and/or any key project partner, any past history of bankruptcy, receivership, failure to fulfill contract, criminal or legal action for the past five years. Provide a description of said past history and the current status.
_____ Attachment 12	Payee Data Record (STD 204) (if currently not on file)
_____ Attachment 13	Contractor Certification Clauses (CCC). The CCC also known as (CCC201 Certification) can also be found on the Internet at: <a href="http://www.ols.dgs.ca.gov/standard+language">www.ols.dgs.ca.gov/standard+language</a> .

## **ATTACHMENT 2**

### **PROPOSAL/BIDDER CERTIFICATION SHEET (Instructions Attachment 2-A)**

This Proposal/Bidder Certification Sheet must be signed and returned along with all the "required attachments" as an entire package in duplicate with original signatures. The proposal must be transmitted in a sealed envelope in accordance with RFP instructions.

**Do not return the sample "Standard Agreement" (STD 213) with this RFP.**

Place all required attachments behind this certification sheet.

The signature affixed hereon and dated certifies compliance with all the requirements of this proposal document. The signature below authorizes the verification of this certification.

### **An Unsigned Proposal/Bidder Certification Sheet May Be Cause For Rejection**

1. Company Name	2. Telephone Number (   )	2a. Fax Number (   )
3. Address		
Indicate your organization type:		
4. <input type="checkbox"/> Sole Proprietorship	5. <input type="checkbox"/> Partnership	6. <input type="checkbox"/> Corporation
Indicate the applicable employee and/or corporation number:		
7. Federal Employee ID No. (FEIN)	8. California Corporation No.	
9. Indicate applicable license and/or certification information:		
10. Bidder's Name (Print)		11. Title
12. <b>Signature</b>		13. Date
14. Are you certified with the Department of General Services, Office of Small Business Certification and Resources (OSBCR) as:		
a. California Small Business: Yes <input type="checkbox"/> No <input type="checkbox"/>		
b. Disabled Veteran Business Enterprise: Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, enter certification number: _____		If yes, enter your service code below: _____
<b>NOTE:</b> A copy of your Certification is required to be included if either of the above items is checked "Yes". Date application was submitted to OSBCR, if an application is pending:		

**ATTACHMENT 2-A**

**COMPLETION INSTRUCTIONS FOR PROPOSAL/BIDDER CERTIFICATION SHEET**

Complete the numbered items on the Proposal/Bidder Certification Sheet by following the instructions below.

Item Numbers	Instructions
1, 2, 2a, 3	Must be completed. These items are self-explanatory.
4	Check if your firm is a sole proprietorship. A sole proprietorship is a form of business in which one person owns all the assets of the business in contrast to a partnership and corporation. The sole proprietor is solely liable for all the debts of the business.
5	Check if your firm is a partnership. A partnership is a voluntary agreement between two or more competent persons to place their money, effects, labor, and skill, or some or all of them in lawful commerce or business, with the understanding that there shall be a proportional sharing of the profits and losses between them. An association of two or more persons to carry on, as co-owners, a business for profit.
6	Check if your firm is a corporation. A corporation is an artificial person or legal entity created by or under the authority of the laws of a state or nation, composed, in some rare instances, of a single person and his successors, being the incumbents of a particular office, but ordinarily consisting of an association of numerous individuals.
7	Enter your federal employee tax identification number.
8	Enter your corporation number assigned by the California Secretary of State's Office. This information is used for checking if a corporation is in good standing and qualified to conduct business in California.
9	Complete, if applicable, by indicating the type of license and/or certification that your firm possesses and that is required for the type of services being procured.
10, 11, 12, 13	Must be completed. These items are self-explanatory.
14	If certified as a California Small Business, place a check in the "yes" box, and enter your certification number on the line. If certified as a Disabled Veterans Business Enterprise, place a check in the "Yes" box and enter your service code on the line. If you are not certified to one or both, place a check in the "No" box. If your certification is pending, enter the date your application was submitted to OSBCR.

### **ATTACHMENT 3**

#### **PROPOSAL RESPONSE/WORK PLAN**

Bidders have the discretion to choose the format for Attachment 3. Refer to Part III, Section G, "Proposal Response Requirements," for detailed information on responding to the scope of work for this project.

#### **ATTACHMENT 4**

##### **STATEMENT OF QUALIFICATIONS, RESUME OR CURRICULUM VITAE**

Bidders have the discretion to choose the format for Attachment 4. All bidders must submit a statement of qualifications, resume or curriculum vitae for all individuals who will work on the project. If the person who will serve as the primary contact for the Contractor has not been identified, include a job description for the position.

**ATTACHMENT 5**

**SAMPLE COST PROPOSAL WORKSHEET (budget narrative must also be attached)**

(You may use this sample as a guide to developing your cost proposal)

The all-inclusive cost of the project will be \$\_\_\_\_\_. The all-inclusive cost reflects the sum of all itemized budget categories for each project year as listed below.

PROJECT PERSONNEL	HOURS	RATE	TOTAL
Project Manager (Job Description)	_____ @	_____	_____
Staff Assistant (Job Description)	_____ @	_____	_____
Technician (Job Description)	_____ @	_____	_____
Clerical (Job Description)	_____ @	_____	_____
			\$ _____
<b>SUBCONTRACTOR(S) EXPENSES (ITEMIZED)</b>			\$ _____
<b>INDIRECT COSTS (OVERHEAD AND FRINGE BENEFITS)</b>			
Overhead Rate		_____	\$ _____
Fringe Benefits		_____	\$ _____
<b>OPERATING EXPENSES (EXCEPT LABOR)</b>			
Travel Costs			\$ _____
Equipment and Supplies (Itemized)			\$ _____
Other Operating Expenses (Itemized)			\$ _____
			\$ _____
<b>TOTAL BUDGET FOR YEAR</b> _____ (reflect detail budget for each project year)			\$ _____

## **ATTACHMENT 6**

### **BIDDER REFERENCES**

Submission of this attachment is mandatory. Failure to complete and return this attachment with your proposal will cause your proposal to be rejected and deemed nonresponsive.

**List below three references for services performed within the last five years, which are similar to the scope of work to be performed in this contract. If three references cannot be provided, please explain why on an attached sheet of paper.**

REFERENCE 1			
Name of Firm			
Street Address	City	State	Zip Code
Contact Person	Telephone Number		
Dates of Service	Value or Cost of Service		
Brief Description of Service Provided			

REFERENCE 2			
Name of Firm			
Street Address	City	State	Zip Code
Contact Person	Telephone Number		
Dates of Service	Value or Cost of Service		
Brief Description of Service Provided			

REFERENCE 3			
Name of Firm			
Street Address	City	State	Zip Code
Contact Person	Telephone Number		
Dates of Service	Value or Cost of Service		
Brief Description of Service Provided			

**ATTACHMENT 7**

**SMALL BUSINESS IDENTIFICATION QUESTIONNAIRE**

Bidders must submit an MH 1157, Small Business Identification Questionnaire as Attachment 7.

**C. EXHIBIT C: SAMPLE OF STANDARD AGREEMENT (STD. REV 06/03)**

Do not submit the following sample of the Standard Agreement with the proposal response to Informing Materials RFP number 03-73273-000. A copy is provided for informational purposes only.